

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 12455293	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1		
2	1						52	1		
3	1						53			
4	1						54			
5	1						55			
6	1						56			
7		6					57			
8		2					58			
9		2					59			
10		2					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		2					65			
16		2					66			
17		2					67			
18		2					68			
19		2					69			
20		2					70			
21		2					71			
22		2					72			
23	1						73			
24	1						74			
25		2					75			
26		1					76			
27		2					77			
28		2					78			
29		1					79			
30		3					80			
31		1					81			
32		2					82			
33	1						83			
34		1					84			
35	1						85			
36	1						86			
37	1						87			
38		1					88			
39	1						89			
40		1					90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45	1						95			
46	1						96			
47	1						97			
48		2					98			
49		2					99			
50		1					100			
TOTAL IND.	20						TOTAL IND.	0		
TOTAL DEP.	35						TOTAL DEP.	0		
TOTAL CLAIMS	55						TOTAL CLAIMS	0		